

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

ADDRESS (number and street) ▼

PO BOX 96308

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20077

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00549386

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

03

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KIM HOOVER

Signature of Treasurer

KIM HOOVER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

06

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		35.29
(b) Cash on Hand at Beginning of Reporting Period.....	35.29	
(c) Total Receipts (from Line 19)	1596.09	1596.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1631.38	1631.38
7. Total Disbursements (from Line 31)	1491.09	1491.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140.29	140.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
01 01 2016

To:

M M / D D / Y Y Y Y Y Y
03 31 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1446.09

1446.09

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1446.09

1446.09

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1446.09

1446.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

150.00

150.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1596.09

1596.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1596.09

1596.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	45.00	45.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.00	45.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1446.09	1446.09
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1491.09	1491.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1491.09	1491.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1446.09	1446.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1446.09	1446.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	45.00	45.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	150.00	150.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-105.00	-105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 8
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

Full Name (Last, First, Middle Initial)

A. AMM Political

Mailing Address 507 N Sylvania

City

Fort Worth

State

TX

Zip Code

76111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1446.09

Date of Receipt

01 / 31 / 2016

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

1446.09

☐ Memo Item

In-Kind - Debt Forgiveness

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1446.09

1446.09

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 8

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT A PROGRESSIVE CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMM PoliticalNature of Debt (Purpose):
Phones

Mailing Address 507 N Sylvania

City State

Zip Code

Fort Worth

TX

76111

Outstanding Balance Beginning This Period

1446.09

Transaction ID : SD10.4135

Amount Incurred This Period

0.00

Payment This Period

1446.09

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 8 OF 8
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT A PROGRESSIVE CONGRESS		FEC IDENTIFICATION NUMBER ▼ C C00549386																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee AMM Political		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>14</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6">2013</td></tr> </table>		M	M		10			D	D		14			Y	Y	Y	Y	Y	Y	2013								
M	M																														
10																															
D	D																														
14																															
Y	Y	Y	Y	Y	Y																										
2013																															
Mailing Address 507 N Sylvania		Amount <table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6">1446.09</td></tr> </table>			1446.09																										
1446.09																															
City Fort Worth	State TX	Zip Code 76111	Transaction ID : SE.4262																												
Purpose of Expenditure Phones		Category/Type <table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>				Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>31</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6">2016</td></tr> </table>		M	M		01			D	D		31			Y	Y	Y	Y	Y	Y	2016					
M	M																														
01																															
D	D																														
31																															
Y	Y	Y	Y	Y	Y																										
2016																															
Name of Federal Candidate CARL M JR SCIORTINO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA																												
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6">1446.09</td></tr> </table>	1446.09						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary																						
1446.09																															

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="2"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D				Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						
Mailing Address		Amount <table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6"></td></tr> </table>																									
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="2"></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6"></td></tr> </table>		M	M					D	D				Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						
Purpose of Expenditure		Category/Type <table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>																									
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6"></td></tr> </table>							Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____																		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6">1446.09</td></tr> </table>	1446.09					
1446.09							
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6"></td></tr> </table>						
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td colspan="6">1446.09</td></tr> </table>	1446.09					
1446.09							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KIM HOOVER

[Electronically Filed]

Date

M	M	
04		

 /

D	D	
06		

 /

Y	Y	Y	Y	Y	Y
2016					

Signature